

**LEGISLATIVE SERVICES AGENCY  
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

301 State House  
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**FISCAL IMPACT STATEMENT**

**LS 7275**

**BILL NUMBER:** HB 2100

**DATE PREPARED:** Apr 6, 2001

**BILL AMENDED:** Apr 5, 2001

**SUBJECT:** Immunization Data Registry.

**FISCAL ANALYST:** Kathy Norris

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**FUNDS AFFECTED:** X

**GENERAL  
DEDICATED  
FEDERAL**

X

**IMPACT:** State & Local

**Summary of Legislation:** *(Amended)* This bill requires the Office of Medicaid Policy and Planning (OMPP) to develop an immunization data registry. The bill allows OMPP to delegate the authority for the development of the registry to a for-profit or nonprofit agency, that working in conjunction with the State Department of Health demonstrates the ability to generate matching funds sufficient to develop the registry. The bill requires providers to provide a recipient's immunization data to the registry. The bill specifies that the parent or guardian of a child may elect not to have the child's immunization records included in the registry by completing and filing a written exemption form. It also requires OMPP to apply for approval and funding from the United States Department of Health and Human Services for the development, implementation, and maintenance of the immunization data registry. The bill also requires OMPP to develop guidelines for providers to use in reporting immunization data to the immunization data registry.

**Effective Date:** July 1, 2001.

**Explanation of State Expenditures:** *(Revised)* This bill requires the Office of Medicaid Policy and Planning, (OMPP) to develop an Immunization Data Registry for Medicaid recipients. The bill allows the Office to delegate the authority for the development of the registry to an outside agency that in conjunction with the Department of Health demonstrates the ability to generate matching funds sufficient to develop the registry. It is not known if the Health Care Financing Administration, (HCFA) would allow OMPP to delegate the development of an immunization registry within the Indiana Medicaid Management Information System, (MMIS) to an outside party. The HCFA rules on the development of immunization registries appear to be clear in outlining that enhanced federal funds are available for the development and operation of an immunization registry as it relates to Medicaid recipients. Non-Medicaid applications and registrants' portion of any statewide development effort are eligible for federal assistance but at a lower match rate. The Department of Health is in the process of applying for a grant to fund the development of a registry. **The source of funds for this grant must be a private grant since the Office of Medicaid Policy and Planning cannot use federal grant funds to serve as state Medicaid match to draw down federal matching funds.**

If the Office of Medicaid Policy and Planning develops an Immunization Registry for Medicaid recipients, it would require at least \$405,000 in State General Funds, (or alternate source) over the biennium to develop and operate an immunization registry for Medicaid recipients only (\$67,500 in FY 2002 and \$337,500 in FY 2003 and years thereafter). In the absence of estimates from the Office of Medicaid Policy and Planning, the methodology used by the Department of Health to develop a cost estimate for a statewide immunization registry has been applied to Medicaid information to develop this estimate.

The Department of Health used a development cost of \$2.50 per child based on other States' experience in developing statewide immunization registries. This assumption was inflated further by the suggestion that at least 6 years of records needed to be maintained and available in order to access immunization records as children reach school age and the state-required immunization entrance requirements. Medicaid pays for the delivery of about 45,000 babies annually. This analysis assumes that this population will remain as Medicaid recipients in order to determine the size and cost of developing the immunization registry system. Using these assumptions, development costs of the registry would be \$675,000.

The Department of Health also applied a similar methodology in estimating the ongoing operational costs of an immunization registry. The Department used a midrange operating cost estimate of \$5.00 per child based on other States' experiences. Applied to the same Medicaid recipient population as the development costs discussed above, the total annual operating cost of the registry would be anticipated to be \$1,350,000.

Federal financial participation is available for the design, development, installation, and operation of immunization registries. Enhanced federal financial participation is available for immunization registries that are components of a State Medicaid Management Information System (MMIS), to the extent that the system serves Medicaid beneficiaries and meets the federal specifications. If the immunization registry is developed within the MMIS, the following table shows the estimated federal participation at the enhanced rates available.

<b>Medicaid Immunization Registry Projected Development and Operating Cost</b>		
	<b>FY 2002</b>	<b>FY 2003</b>
<b>Development cost</b>		
Federal Share (90%)	607,500	
State Share	<b>67,500</b>	
<b>Total Development Cost</b>	675,000	
<b>Operating Cost</b>		
Federal Share (75%)		1,012,500
State Share		<b>337,500</b>
<b>Total Operating Cost</b>		1,350,000
<b>Medicaid Immunization Registry</b>		
Federal Share	607,500	1,012,500
State Share	<b>67,500</b>	<b>337,500</b>
<b>Total Cost</b>	<b>675,000</b>	<b>1,350,000</b>

**Explanation of State Revenues:** See Explanation of State Expenditures, above, regarding federal financial participation in the Medicaid program.

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:**

**State Agencies Affected:** Family and Social Services Administration, Office of Medicaid Policy and Planning.

**Local Agencies Affected:**

**Information Sources:** Department of Health cost estimates provided by Marilyn Cage, Legislative Liaison, (317)-233-2170. Federal matching requirements from: Department of Health and Human Services, Health Care Financing Administration , Center for Medicaid and State Operations, July 6, 2000, Letter to State Medicaid Directors.